

CHALENG 2010 Survey Results Summary

VISN: 1

**Site: VA Boston HCS (VAMC Boston - 523 and VAMC W. Roxbury - 523A4),
 VAMC Brockton, MA - 523A5 and VAH Bedford, MA**

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 27

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 25

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	25
Transitional Housing Beds	409
Permanent Housing Beds	1,118

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	Yes
Permanent Housing Beds	Yes

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants:
147. Number of provider (VA and non-VA) participants: 30.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.26	3.96	3.74
Food	4.30	3.81	3.86
Clothing	4.13	3.88	3.62
Emergency (immediate) shelter	4.11	3.81	3.55
Transitional living facility or halfway house	4.13	3.81	3.45
Long-term, permanent housing	3.35	3.26	2.90
Detoxification from substances	4.42	3.71	3.69
Treatment for substance abuse	4.47	3.68	3.84
Services for emotional or psychiatric problems	3.99	3.75	3.71
Treatment for dual diagnosis	4.00	3.71	3.51
Family counseling	3.35	3.24	3.11
Medical services	4.28	4.15	4.04
Women's health care	3.00	3.56	3.17
Help with medication	4.26	3.69	3.87
Drop-in center or day program	3.61	3.63	3.15
AIDS/HIV testing/counseling	3.71	3.67	3.63
TB testing and Treatment	4.27	3.77	3.90
Legal assistance to help restore a driver's license	3.19	3.08	2.87
Hepatitis C testing	4.02	3.77	3.70
Dental care	2.64	3.19	2.91
Eye care	3.90	3.62	3.38
Glasses	3.89	3.65	3.35
VA disability/pension	2.97	3.93	3.14
Welfare payments	2.63	3.38	2.80
SSI/SSD process	3.02	3.54	2.95
Guardianship (financial)	2.83	3.52	2.84
Help managing money	3.33	3.20	3.13
Job training	3.07	3.46	2.96
Help with finding a job or getting employment	3.20	3.59	3.02
Help getting needed documents or identification	3.69	3.81	3.50
Help with transportation	3.76	3.00	3.31
Education	3.28	3.62	3.19
Child care	2.79	2.40	2.64
Family reconciliation assistance	2.94	3.00	2.73
Discharge upgrade	3.06	3.40	2.96
Spiritual	3.56	3.31	3.55
Re-entry services for incarcerated veterans	3.15	3.11	2.94
Elder health care	3.24	3.40	3.11
Credit counseling	3.23	3.08	2.85
Legal assistance for child support issues	2.96	2.82	2.70
Legal assistance for outstanding warrants/fines	3.10	2.93	2.75
Help developing social network	3.35	3.08	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.35	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.35	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.63	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.94	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.24	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.33	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.69	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.73	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.63	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.20	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.73	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.57	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.71	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.93	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Long-term, permanent housing	Bedford: At the Bedford VA there was great progress, including complete allotment of all FY 2008 and 2009 vouchers. We were awarded 50 vouchers for FY 2010 including staffing for two new social workers and one substance abuse specialist. We are working on converting some beds at Chelsea Soldier's Home into transitional with Chelsea acting as a feeder for the VASH program. There are discussions to also see this implemented at Holyoke Soldiers Home. HUD Shelter Plus Care vouchers have all been filled. Boston: Long term permanent housing is expanding through the HUD-VASH voucher system with an additional 150 vouchers awarded in FY 2010. Currently there is a waiting list of 230 Veterans for the FY 2010 vouchers. The VISN has requested an additional 300 vouchers for FY 2011.
Medical services	Veterans are now accessing primary care through a walk-in clinic at our Causeway Outpatient Clinic. VA homeless and substance use managers are meeting regularly to develop integrated programming for homeless and recently homeless Veterans
Dental care	VA Boston Healthcare for Homeless Veterans (HCHV) program has met with VA Fiscal, Fee Services and Dental Services. We have developed an improved processes for referral, access and follow up. We have also consulted with Boston University Dental Program which provides dental assessments and care to Veterans at the Massachusetts Stand Down in Boston, MA. Tufts Dental School has also increased dental access to homeless Veterans who are not eligible for the Homeless Veteran Dental Program through the VA.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

VA disability/pension	We are collaborating on a case-by-case basis with the Coordinator of Homeless Services for the VA Expedited Claims Adjudication Initiative (ECA). We have had joint visits with homeless Veterans, case managers and the Coordinator to assure education, access and rapid completion of the adjudication process. This joint collaboration has decreased adjudication time and has increased homeless Veterans financial ability to access permanent housing.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Emergency (immediate) shelter</p>	<p>There is a consistent need for immediate shelter as Bedford VA has lacked capacity to immediately house homeless Veterans on campus or in contract beds. In FY 2011 the low threshold program Safe Haven will be up and running as well as additional contract beds for immediate placement of Veterans not yet enrolled or screening for transitional programs. In Boston we are expanding the contract residential contract program to increase our resources for immediate shelter.</p>
<p>Long-term, permanent housing</p>	<p>There is a clear increase in number of vouchers through HUD-VASH (HUD-VA Supported Housing) , but there was a concern expressed around the need to build/create project-based vouchers and increase housing stock. In Boston, requests have been made to increase the HUD-VASH vouchers and to review options for Project Based housing. VA Boston continues to request and increase its awards for the HUD-VASH vouchers. This will be our primary expansion for FY 11. However, we are also working toward expanding the PHLAG program that is a peer support program serving homeless Veterans who can and cannot access the HUD-VASH program. We will also expand our collaboration with programs that may be interested in developing Project-based vouchers.</p>
<p>Legal assistance for child support issues</p>	<p>This need continues to be present. The 10-State Pilot program is in initial stages within Boston and Bedford, working to connect Veterans with shelter legal services for advocacy and assistance in addressing child support issues.</p>

***The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

CHALENG 2010 Survey Results Summary

VISN: 1

Site: VA Connecticut HCS (VAMC Newington and VAMC West Haven)

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 45

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 15

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	5
Transitional Housing Beds	190
Permanent Housing Beds	350

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 150. Number of provider (VA and non-VA) participants: 52.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.07	3.45	3.74
Food	3.65	3.63	3.86
Clothing	3.53	3.51	3.62
Emergency (immediate) shelter	3.74	3.24	3.55
Transitional living facility or halfway house	3.53	3.47	3.45
Long-term, permanent housing	2.54	2.84	2.90
Detoxification from substances	4.11	3.46	3.69
Treatment for substance abuse	4.13	3.51	3.84
Services for emotional or psychiatric problems	3.98	3.69	3.71
Treatment for dual diagnosis	3.71	3.49	3.51
Family counseling	3.18	2.91	3.11
Medical services	4.15	4.07	4.04
Women's health care	3.02	3.11	3.17
Help with medication	4.19	3.51	3.87
Drop-in center or day program	3.71	3.39	3.15
AIDS/HIV testing/counseling	3.94	3.77	3.63
TB testing and Treatment	4.16	3.82	3.90
Legal assistance to help restore a driver's license	2.85	3.00	2.87
Hepatitis C testing	4.02	3.63	3.70
Dental care	2.41	2.91	2.91
Eye care	3.65	3.10	3.38
Glasses	3.51	3.12	3.35
VA disability/pension	2.91	3.55	3.14
Welfare payments	2.76	3.21	2.80
SSI/SSD process	3.02	3.17	2.95
Guardianship (financial)	3.05	2.68	2.84
Help managing money	3.33	2.68	3.13
Job training	2.69	3.04	2.96
Help with finding a job or getting employment	2.67	3.23	3.02
Help getting needed documents or identification	3.70	3.52	3.50
Help with transportation	3.22	3.16	3.31
Education	3.17	3.19	3.19
Child care	2.99	2.30	2.64
Family reconciliation assistance	2.94	2.70	2.73
Discharge upgrade	3.02	3.17	2.96
Spiritual	3.67	3.02	3.55
Re-entry services for incarcerated veterans	3.14	3.07	2.94
Elder health care	3.23	3.02	3.11
Credit counseling	2.86	2.56	2.85
Legal assistance for child support issues	2.78	2.68	2.70
Legal assistance for outstanding warrants/fines	2.92	2.59	2.75
Help developing social network	3.22	2.95	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.91	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.14	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

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2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.16	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.30	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.49	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.60	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.63	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.19	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.95	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.93	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.38	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.14	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.79	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.82	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

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E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

<p>Long-term, permanent housing</p>	<p>The VA Connecticut's staff continued to assist Veterans find a variety of community-based housing solutions including subsidized rental apartments, HUD-VASH housing, elderly housing, and in some cases, home ownership. The staff screened and assisted more than 150 Veterans entering VASH and found many of them apartments. VASH program expanded to Waterbury, Hartford, New Haven, as well as Eastern Connecticut. New populations of OIF/OEF Veterans were served. Staff continued to partner with local non-profit and public housing agencies as well as private landlords to facilitate housing success for Veterans. In 2010 our permanent housing providers worked side-by-side with community providers to open new housing developments in Norwalk, Hamden and Bridgeport. We continued our efforts with housing in rural and under-served communities like Jewett City and Meriden. Our on-going support for the Extended Use Lease (EUL) Victory Gardens project on the Newington campus continued in 2010. Planning continued on this private development which will bring 76 units of supportive housing to Connecticut Veterans and their families.</p>
<p>Transitional living facility or halfway house</p>	<p>We witnessed the opening of four new Grant Per Diem (GPD) programs this year (24 beds) and 12 new contract beds for a total of 36 additional beds to house homeless Veterans. Two new GPD programs are expected to open in the upcoming fiscal year. One GPD program targets women Veterans and their children. We supported an additional eight Grant Per Diem proposals that address underserved populations and geographic areas in Connecticut. We will continue to encourage GPD applications that serve special target populations: females, the elderly, individuals with behavioral health concerns, and Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans and families. We will continue to assess and identify areas around Connecticut with little housing resources relative to the Veteran need and encourage community providers to submit proposals for those identified areas. Veterans have had improved access to "immediate shelter" beds this year due to the increase of transitional housing beds. Those Veterans who would normally have accessed an immediate shelter bed were re-directed to an available transitional bed. The additional transitional beds have helped alleviate the demand for immediate shelter beds, which in turn has created a greater turn-over rate in the shelters to serve a higher number of homeless Veterans.</p>
<p>Help with finding a job or getting employment</p>	<p>Our homeless team works closely with State of Connecticut's Department of Labor officials in the Homeless Veterans Reintegration Program (DOL-HVRP). These officials are out-placed to distant areas and have referred many homeless</p>

	<p>Veterans to the VA. Conversely, we direct Veterans to them for employment counseling and placement. We also work closely with the VA Supportive Employment and Certified Work Therapy programs, including specialty CWT programs called STRIVE, and Beyond Disability. Thirdly, we referred many homeless Veterans who are eligible to a VA Grant & Per Diem provider, Homes for the Brave(HFTB). The HFTB program is vocationally focused. They have vocational case managers who work with Veterans living at HFTB to find jobs.</p>
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***The Action Plan consisted of proposed strategies the local VA program and its community partners would use to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

<p>Long-term, permanent housing</p>	<p>We have cultivated non-profit community based agencies to help build permanent supportive housing for Veterans in urban and rural locations. Well before the implementation of HUD-VASH, our VA seeded numerous projects and partnerships throughout Connecticut for affordable and supportive housing. These efforts are coming to fruition in the opening of dozens of new housing units for Veterans. In 2010, three new housing developments opened in Hamden, Bridgeport, and Norwalk. We have played a lead role in mentoring some housing providers. We have provided numerous resources to "jump start" these projects. In other cases we have participated in existing housing projects, ensuring set-asides for Veterans. We currently have 150 units in the planning and development pipeline.</p>
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Long-term, permanent housing</p>	<p>The VA Connecticut's Permanent Supportive Housing Program staff will continue to assist Veterans to find a variety of community-based housing solutions including subsidized rental apartments, Section 8 housing, elderly housing, and in some cases, home ownership. The staff will provide on-going case management to Veterans trying to find housing in the community. Staff will continue to partner with local non-profit and public housing agencies and private landlords to facilitate housing success for Veterans. In 2011 the Homeless team will work side-by-side with community providers to open new housing developments in high rental market areas like Stamford-Norwalk and in rural and under-served communities like Jewett City and Meriden. On-going support for the Extended Use Lease (EUL) project on the Newington campus will be key. This private development will bring 76 units of supportive housing to Veterans and their families.</p>
<p>VA disability/pension</p>	<p>The need for financial resources continues to grow. In 2011 we will work closely with existing agencies that provide entitlements and income support. This income support is crucial to preventing and ending homelessness. Partnership with VBA (Veterans Benefits Administration) service representatives will continue with scheduled monthly intakes at the Errera Community Care Center. Joint clinics with the VBA representatives will be held in Eastern CT and at community-based providers in rural areas. VA Homeless Staff will attend the SOARS (SSI/SSDI Outreach, Access, and Recovery) training to maximize our understanding of Social Security programs and entitlements. The need for emergency assistance for basic needs, down payment assistance, and utilities to support housing Veteran in stable housing will be cultivated through partnerships with VSO organizations. Existing relationships with local Homeless Prevention and Rapid Rehousing providers will be strengthened and expanded in 2011.</p>
<p>Job training</p>	<p>Many Veterans choose to work both full or part time, yet often find re-entry to the workforce difficult. Homeless Program staff will assist Veterans to access VA Vocational services including VA Compensated Work Therapy through a consult from their mental health provider. Some Veterans choose to work in Hospital Based Transitional Work before accepting community-based competitive work. Alternatively, Veterans with more serious and persistent mental illness choose an evidence-based approach to competitive work called VA Supported Employment. We will continue to partner with State of Connecticut Department of Labor Veterans employment program, with community not-for-profit, and other mental health agencies to improve access to competitive employment and training resources. STRIVE New Haven, Easter Seals Goodwill, Senior Employment as well as several Department of Mental Health and Addiction Service vocational providers are some of these agencies. Special Initiatives with private sector</p>

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	employers, including Subway Corporation, will be undertaken in 2011.
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***The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

CHALENG 2010 Survey Results Summary

VISN: 1

Site: VAM&ROC Togus, ME - 402

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

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1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 18

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 5

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	5
Transitional Housing Beds	8
Permanent Housing Beds	83

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 97.
Number of provider (VA and non-VA) participants: 39.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.89	3.76	3.74
Food	3.80	3.92	3.86
Clothing	3.30	3.81	3.62
Emergency (immediate) shelter	3.01	2.97	3.55
Transitional living facility or halfway house	2.45	2.62	3.45
Long-term, permanent housing	1.89	2.54	2.90
Detoxification from substances	3.72	3.27	3.69
Treatment for substance abuse	3.63	3.38	3.84
Services for emotional or psychiatric problems	3.28	3.43	3.71
Treatment for dual diagnosis	3.17	3.24	3.51
Family counseling	2.89	2.95	3.11
Medical services	3.74	3.97	4.04
Women's health care	2.92	3.32	3.17
Help with medication	3.52	3.22	3.87
Drop-in center or day program	2.51	2.86	3.15
AIDS/HIV testing/counseling	3.31	3.08	3.63
TB testing and Treatment	3.66	3.25	3.90
Legal assistance to help restore a driver's license	2.51	2.62	2.87
Hepatitis C testing	3.49	3.31	3.70
Dental care	2.16	2.36	2.91
Eye care	2.70	2.62	3.38
Glasses	2.82	2.59	3.35
VA disability/pension	2.68	3.47	3.14
Welfare payments	2.57	3.17	2.80
SSI/SSD process	2.84	3.14	2.95
Guardianship (financial)	3.27	3.11	2.84
Help managing money	3.31	2.69	3.13
Job training	2.50	2.76	2.96
Help with finding a job or getting employment	2.39	2.86	3.02
Help getting needed documents or identification	3.11	3.03	3.50
Help with transportation	2.72	3.24	3.31
Education	3.41	2.89	3.19
Child care	3.28	2.50	2.64
Family reconciliation assistance	2.81	2.61	2.73
Discharge upgrade	2.94	2.82	2.96
Spiritual	3.43	2.86	3.55
Re-entry services for incarcerated veterans	2.62	2.70	2.94
Elder health care	3.00	3.37	3.11
Credit counseling	2.64	2.53	2.85
Legal assistance for child support issues	2.61	2.46	2.70
Legal assistance for outstanding warrants/fines	2.91	2.54	2.75
Help developing social network	2.80	2.94	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.38	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.96	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.50	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	3.08	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.13	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	3.23	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.77	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.35	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.95	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	3.05	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.05	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.05	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.91	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.48	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Long-term, permanent housing	We have allocated all 35 of our HUD-VASH vouchers. We have also strengthened our community partnerships by participating in homeless coalitions and working with local agencies in the HUD-VASH process.
Emergency (immediate) shelter	VA HCHV (Healthcare for Homeless Veterans) contract is in development for emergency beds in Maine. We are also referring homeless Veterans to the HUD Homeless Prevention and Rapid Re-housing Program (HPRP) in Maine.
Transitional living facility or halfway house	Volunteers of America program in Saco operational. For the first time the State of Maine committed up to \$1 million in matching funds to program(s) that were awarded VA Grant and Per Diem funding. Free training on how to apply for VA GPD funding was provided and more attendees than the number registered attended.

***The Action Plan consisted of proposed strategies the local VA program and its community partners would use to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

Long-term, permanent housing	Our VA collaborated with Community Housing of Maine (CHOM) to develop permanent supported housing for homeless Veterans. The model includes effective communication and monitoring through VA case management and regular house meetings with residents, VA and CHOM staff. Financial issues are addressed through mechanisms like flexible payments for deposits, and the opportunity for residents to work on the grounds to earn funds for rent. Residents are placed in Veteran only apartment buildings which fosters peer support.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	1) Fill HUD-VASH (HUD-VA Supported Housing) vouchers for FY 2011 at 92%. 2) Support HUD Continuum of Care grant applications that specify support housing for Veterans (raising the issues of lack of funding for case management to support these applications). 3) Educate community providers on new funds being released for FY 2011 to meet the housing needs of homeless Veterans.
Emergency (immediate) shelter	1) Complete contracting process & open "Emergency Housing" contract beds. 2) Establish taxi vouchers at our VA Community Based Outpatient Clinics to assist homeless Veterans in transportation to community shelters. 3) Establish VA Liaison in Maine's two largest shelters: Oxford St. Shelter for Men (Portland) and Bangor Area Shelter.
Help with finding a job or getting employment	1) Collaborate with VA Community Work Therapy (CWT) program to fill expected vocational rehabilitation specialist position . 2) Department of Labor to attend Togus VA Homeless Stand Down. 3) Increase internal CWT program position on Togus VAMC grounds. 4) CWT program & DOL to present at the Togus VAMC / Maine Homeless Summit on opportunities for Veterans and employers relative to employment.

***The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

CHALENG 2010 Survey Results Summary

VISN: 1

Site: VAM&ROC White River Junction, VT - 405

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 25

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 5

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	40
Permanent Housing Beds	80

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 0.
 Number of provider (VA and non-VA) participants: 5.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)		2.75	3.74
Food		3.80	3.86
Clothing		3.60	3.62
Emergency (immediate) shelter		2.80	3.55
Transitional living facility or halfway house		3.00	3.45
Long-term, permanent housing		2.40	2.90
Detoxification from substances		2.80	3.69
Treatment for substance abuse		2.80	3.84
Services for emotional or psychiatric problems		2.20	3.71
Treatment for dual diagnosis		2.20	3.51
Family counseling		2.60	3.11
Medical services		3.60	4.04
Women's health care		3.00	3.17
Help with medication		3.20	3.87
Drop-in center or day program		3.00	3.15
AIDS/HIV testing/counseling		3.00	3.63
TB testing and Treatment		3.00	3.90
Legal assistance to help restore a driver's license		2.40	2.87
Hepatitis C testing		3.25	3.70
Dental care		1.40	2.91
Eye care		2.75	3.38
Glasses		2.75	3.35
VA disability/pension		2.80	3.14
Welfare payments		2.60	2.80
SSI/SSD process		2.60	2.95
Guardianship (financial)		2.40	2.84
Help managing money		2.20	3.13
Job training		2.60	2.96
Help with finding a job or getting employment		2.60	3.02
Help getting needed documents or identification		3.00	3.50
Help with transportation		3.60	3.31
Education		3.00	3.19
Child care		3.00	2.64
Family reconciliation assistance		2.75	2.73
Discharge upgrade		2.75	2.96
Spiritual		3.00	3.55
Re-entry services for incarcerated veterans		2.20	2.94
Elder health care		2.75	3.11
Credit counseling		2.60	2.85
Legal assistance for child support issues		2.20	2.70
Legal assistance for outstanding warrants/fines		2.20	2.75
Help developing social network		2.60	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.00	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.25	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.25	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.25	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	3.25	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.75	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.00	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.25	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.25	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.75	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.25	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.25	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.50	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.00	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

VA disability/ pension	During FY 2010 we enhanced services to Veterans in the community and at the medical center to educate and assist Veterans with challenges related to accessing VA disability process, SSI/SSDI, and state-based resources. During this time frame, the VA Medical Center and Veterans Benefits Administration in White River Junction also increased collaboration to assist with the flow of claims submitted for Service Connected disability
Spiritual	During FY 2010 we worked with the both VA chaplains and the chaplains in the Vermont National Guard to develop a series of workshops for community-based clergy who have an interest in working with Veterans and Veteran family members.
Emergency (immediate) shelter	We have continued with a contracted shelter in Windsor, Upper Valley Haven, which opened a “singles” shelter adjacent to their already established family shelter in 2010. We are also looking to contract with a shelter in Sullivan County, New Hampshire. Outreach services have been implemented and we are maintaining relationships with existing shelters, drop-In centers, and other service providers in the regions. Increased staff have expanded availability of services and partnerships to Southern Vermont and Southern New Hampshire.

*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.

2. FY 2010 Best Practice Example

None	None
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Transitional living facility or halfway house</p>	<p>The White River Junction VA has identified the need for more transitional/VA Grant and Per Diem type housing for our Veterans. Currently the HCHV (Health Care for Homeless Veterans) /GPD team are working to develop contracts with two more agencies that can provide such services: a transitional housing program in Rutland area and a GPD in the White River Junction area.</p>
<p>Long-term, permanent housing</p>	<p>The WRJ team's goal has always been permanent housing for our Veterans. This need has been discussed individually with our Veterans in need as well as our community partners at the CHALENG and other service-provider meetings. The WRJ team will be taking on an additional VASH caseworker in FY1 201, along with an additional 25 VASH vouchers in order to meet the need of permanent housing. The incoming VASH case worker will be stationed at a CBOC (VA Community Based Outpatient Clinic) in order to provide more coverage for Veterans who need to stay in the area.</p>
<p>Help with transportation</p>	<p>Vermont continues to have the challenge of being a rural state and limited in transportation services. It is a goal to work more closely with service transportation providers such as Disabled American Veterans and the Red Cross-- but to also seek out funding for transportation needs by other non-profit or community resources.</p>

***The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

CHALENG 2010 Survey Results Summary

VISN: 1

Site: VAMC Manchester, NH - 608

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 14

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 2

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	2
Transitional Housing Beds	75
Permanent Housing Beds	70

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 25.
Number of provider (VA and non-VA) participants: 26.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.08	3.40	3.74
Food	4.28	3.96	3.86
Clothing	4.20	3.96	3.62
Emergency (immediate) shelter	4.59	3.54	3.55
Transitional living facility or halfway house	4.71	3.56	3.45
Long-term, permanent housing	3.17	3.28	2.90
Detoxification from substances	3.90	3.24	3.69
Treatment for substance abuse	3.90	3.36	3.84
Services for emotional or psychiatric problems	3.83	3.96	3.71
Treatment for dual diagnosis	3.73	3.54	3.51
Family counseling	3.32	2.88	3.11
Medical services	4.48	4.08	4.04
Women's health care	3.07	3.80	3.17
Help with medication	4.42	3.40	3.87
Drop-in center or day program	3.22	2.64	3.15
AIDS/HIV testing/counseling	3.18	3.54	3.63
TB testing and Treatment	3.95	3.75	3.90
Legal assistance to help restore a driver's license	3.20	2.36	2.87
Hepatitis C testing	3.37	4.00	3.70
Dental care	3.50	3.46	2.91
Eye care	4.36	3.42	3.38
Glasses	4.17	3.52	3.35
VA disability/pension	2.90	3.40	3.14
Welfare payments	2.75	3.30	2.80
SSI/SSD process	3.21	3.27	2.95
Guardianship (financial)	3.27	3.13	2.84
Help managing money	3.52	2.96	3.13
Job training	3.10	2.88	2.96
Help with finding a job or getting employment	3.43	3.20	3.02
Help getting needed documents or identification	4.09	3.12	3.50
Help with transportation	4.04	2.77	3.31
Education	3.84	2.72	3.19
Child care	2.93	2.22	2.64
Family reconciliation assistance	2.62	2.48	2.73
Discharge upgrade	3.14	2.96	2.96
Spiritual	3.55	3.20	3.55
Re-entry services for incarcerated veterans	3.27	2.71	2.94
Elder health care	3.20	3.08	3.11
Credit counseling	2.89	2.40	2.85
Legal assistance for child support issues	2.73	2.21	2.70
Legal assistance for outstanding warrants/fines	3.12	2.17	2.75
Help developing social network	3.24	2.64	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.25	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.25	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.67	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.33	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.33	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.67	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.33	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.00	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.33	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	3.00	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	3.00	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.00	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.67	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	3.33	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Emergency (immediate) shelter	We are in the process of establishing a contract with Harbor Homes to provide emergency contract beds for homeless Veterans in early recovery. We also continue to utilize our medical center's hoptel beds for emergency shelter.
Detoxification from substances	Detoxification from substances continues to be an unmet need at this facility. We have partnered with agencies in the community such as Keystone Hall and Serenity Place to provide inpatient drug and alcohol treatment when the waiting lists for VA inpatient programs are long.
Long-term, permanent housing	The Medical Center has expanded the HUD-VASH program to 95 vouchers. We continue to meet the monitors of the program and rapidly house homeless Veterans. We have also had some success advocating for "Veteran's preference" with our local housing authorities.

*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.

2. FY 2010 Best Practice Example

None	None
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Legal assistance to help restore a driver's license	1) Develop a network of free legal services to address issues around restoring a driver's license. 2) Establish, refine and expand a Veteran's legal advocacy project as outlined in Senate Bill 517 (2010).
Detoxification from substances	1) Partner with community resources that provide substance abuse treatment and detoxification services. 2) Advocate for the Manchester VAMC to provide inpatient detox for Veterans on-site. 3) Collaborate with the Military and Civilian Alcohol and Drug Committee (MCAD) on establishing resources and services for Veterans with a substance abuse problem
Job training	1) Maximize the opportunities for Veteran grants through the Department of Labor. 2) Seek out opportunities for funding and partnering with the Department of Defense and other government contracts to provide employment opportunities. 3) Provide vocational assistance to any Veteran who requires guidance on any issue related to employment. 4) Assist homeless Veterans in accessing VA benefits such as disability benefits, education, and rehabilitation services. 5) Continue to refer Veterans to VA Compensated Work Therapy and Supported Employment programs. 6) Connect service-connected Veterans to vocational rehabilitation.

***The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

CHALENG 2010 Survey Results Summary

VISN: 1

Site: VAMC Northampton, MA - 631 (Leeds)

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 10

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 6

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	10
Transitional Housing Beds	225
Permanent Housing Beds	209

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	Yes
Transitional Housing Beds	Yes
Permanent Housing Beds	Yes

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 62.
Number of provider (VA and non-VA) participants: 19.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.07	3.37	3.74
Food	4.15	3.84	3.86
Clothing	4.03	3.68	3.62
Emergency (immediate) shelter	4.32	3.84	3.55
Transitional living facility or halfway house	3.88	3.21	3.45
Long-term, permanent housing	2.79	3.16	2.90
Detoxification from substances	4.31	3.47	3.69
Treatment for substance abuse	4.33	3.44	3.84
Services for emotional or psychiatric problems	3.88	3.58	3.71
Treatment for dual diagnosis	3.67	3.16	3.51
Family counseling	3.05	2.68	3.11
Medical services	3.95	3.53	4.04
Women's health care	2.55	3.33	3.17
Help with medication	3.95	3.68	3.87
Drop-in center or day program	3.29	2.95	3.15
AIDS/HIV testing/counseling	3.66	3.26	3.63
TB testing and Treatment	4.05	3.37	3.90
Legal assistance to help restore a driver's license	3.13	2.58	2.87
Hepatitis C testing	3.91	3.26	3.70
Dental care	3.14	2.79	2.91
Eye care	4.05	2.95	3.38
Glasses	3.98	2.95	3.35
VA disability/pension	3.13	3.32	3.14
Welfare payments	2.84	2.95	2.80
SSI/SSD process	2.89	3.16	2.95
Guardianship (financial)	3.24	2.79	2.84
Help managing money	3.62	2.74	3.13
Job training	2.58	2.95	2.96
Help with finding a job or getting employment	2.89	3.00	3.02
Help getting needed documents or identification	3.76	3.28	3.50
Help with transportation	3.66	3.16	3.31
Education	3.33	2.89	3.19
Child care	2.86	2.63	2.64
Family reconciliation assistance	2.87	2.53	2.73
Discharge upgrade	3.00	3.11	2.96
Spiritual	3.85	3.00	3.55
Re-entry services for incarcerated veterans	3.28	2.83	2.94
Elder health care	3.11	2.84	3.11
Credit counseling	2.94	2.58	2.85
Legal assistance for child support issues	2.76	2.56	2.70
Legal assistance for outstanding warrants/fines	3.11	2.37	2.75
Help developing social network	3.49	2.95	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.47	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.47	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.87	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.40	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.87	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.33	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.73	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.80	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.93	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.53	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.20	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.71	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.73	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.13	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Long-term, permanent housing	Relationships were developed in the communities of the VAMC Northampton catchment area (Berkshire, Hampshire, Franklin & Hampden Counties) to help Veterans access permanent housing and funding to obtain that housing.
Dental care	Veterans in VA Grant Per Diem transitional housing at Soldier On were monitored for eligibility for HVDP (Homeless Veteran Dental Program) care, and eligible individuals were encouraged to make appointments with community dentists for corrective dental work. For those not eligible for care, efforts were made to locate community providers.
VA disability/pension	We will continue to work with Veterans Benefits Administration homeless outreach workers and with Veterans Service Organization service staff on campus to assist eligible Veterans.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

Long-term, permanent housing	Local HUD-VASH case managers have exceeded housing targets by building successful partnerships with the local community housing authority.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	Continue to work with housing providers in the community to assist Veterans in locating permanent housing. Coordinate efforts with our HUD-VASH (HUD-VA Supported Housing) case managers to move Veterans with vouchers into housing and maintain them in housing. Work with community providers to seek preventative measures (such as accessing HUD Homeless Prevention and Rapid Re-housing Program funding) to prevent housed Veterans from losing their housing.
Dental care	Ensure that all Veterans who are eligible for dental care under the Homeless Veteran Dental Program make applications for care and follow through with this care. Assist all Veterans not eligible for HVDP in finding other sources of dental care such a various dental schools in the region (such as Tufts Dental School). Assist Veterans with issues related to transportation to and from dental appointments in the community.
Help with finding a job or getting employment	Continue to work with community providers of service to unemployed Veterans. Currently working with several providers in the Springfield area to provide employment training and employment to homeless and housed Veterans.

***The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year’s CHALENG report.**

CHALENG 2010 Survey Results Summary

VISN: 1

Site: VAMC Providence, RI - 650, Bristol, CT

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 18

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 5

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	123
Permanent Housing Beds	131

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 22.
Number of provider (VA and non-VA) participants: 21.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.33	3.56	3.74
Food	4.57	3.60	3.86
Clothing	4.16	3.63	3.62
Emergency (immediate) shelter	4.05	2.10	3.55
Transitional living facility or halfway house	4.43	3.25	3.45
Long-term, permanent housing	2.45	2.55	2.90
Detoxification from substances	4.32	3.89	3.69
Treatment for substance abuse	4.55	3.90	3.84
Services for emotional or psychiatric problems	4.45	3.90	3.71
Treatment for dual diagnosis	4.44	3.90	3.51
Family counseling	3.36	2.84	3.11
Medical services	4.81	4.24	4.04
Women's health care	3.25	3.70	3.17
Help with medication	4.48	4.11	3.87
Drop-in center or day program	4.00	3.05	3.15
AIDS/HIV testing/counseling	3.60	3.74	3.63
TB testing and Treatment	4.33	4.00	3.90
Legal assistance to help restore a driver's license	3.39	2.50	2.87
Hepatitis C testing	4.32	3.89	3.70
Dental care	4.00	3.20	2.91
Eye care	4.29	4.11	3.38
Glasses	4.24	4.05	3.35
VA disability/pension	3.58	3.67	3.14
Welfare payments	2.64	3.22	2.80
SSI/SSD process	3.41	3.10	2.95
Guardianship (financial)	4.00	2.74	2.84
Help managing money	3.65	2.30	3.13
Job training	3.45	3.10	2.96
Help with finding a job or getting employment	3.10	3.15	3.02
Help getting needed documents or identification	4.28	3.35	3.50
Help with transportation	4.33	3.15	3.31
Education	3.47	3.35	3.19
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Family reconciliation assistance	3.73	2.63	2.73
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Credit counseling	2.93	2.45	2.85
Legal assistance for child support issues	2.83	2.70	2.70
Legal assistance for outstanding warrants/fines	2.85	2.60	2.75
Help developing social network	3.68	3.05	3.14

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Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.14	1.68
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Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.86	1.84
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System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.86	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Emergency (immediate) shelter	We continue to network and advocate with local providers to establish emergency shelter beds for Veterans. Operation Stand Down was not able to successfully develop a 5-bed emergency shelter in time for a contract to be established by VA Contracting Office this year. We will renew this effort with other community providers in FY 2011.
Long-term, permanent housing	We hired two additional HUD-VASH social workers this year, placed 46 homeless Veterans in permanent housing and have distributed 64 vouchers. We continue to support local non-profit agencies in further development of affordable permanent housing
Transitional living facility or halfway house	We successfully assisted Operation Stand Down in the implementation of new VA Grant and Per Diem facility for six women Veterans with children. Program is now in operation.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

None	None
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Long-term, permanent housing</p>	<p>1. Complete recruitment and hiring of three additional HUD-VASH (HUD-VA Supported Housing) social workers and place 75 Veterans (and their families if needed) throughout Rhode Island and southeastern Massachusetts in permanent housing. 2. Support local non-profit agencies in further development of affordable permanent housing.</p>
<p>Emergency (immediate) shelter</p>	<p>1. Secure contract for 15 emergency shelter beds with a community provider. 2. Continue to network and advocate with local community partners to establish emergency shelter beds for Veterans. 3. Provide letters of support, statistical data etc. to any local agency interested in pursuing this initiative.</p>
<p>Help managing money</p>	<p>1. Implement Homeless seed grant which was successfully funded at the end of FY 2010 to develop money management skill training program. Offer this 6- week course at our residential homeless programs and our HUD-VASH (HUD-VA Supported Housing) participants. Train approximately 30 Veterans during FY 2001 in money management skills using this protocol.</p>

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.